

FCA §565
S.S.L. 111-k
[NOTE: Confidential Information Form 4-5/5-1-d,
containing social security numbers of parties and
dependents, must be filed with this Petition]

Form 5-4
(Notice of Motion-
Challenge to Testing
Directive)
8/2010

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of a Paternity Proceeding Involving

Docket No. _____

Name of Child

**NOTICE OF MOTION TO
CHALLENGE GENETIC
MARKER OR DNA
TESTING DIRECTIVE**

Name of Mother

Name of Alleged Father

.....

TO: _____
(Local Social Services Official)

PLEASE TAKE NOTICE, that upon the annexed affidavit of _____
sworn to on _____, a motion will be made before the _____
County Family Court at _____ on _____
_____ or as soon thereafter as the parties can be
heard for an order directing that _____ not be required to
submit to the administration and analysis of Genetic Marker or DNA tests.

Applicant

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

Dated: _____

**AFFIDAVIT IN SUPPORT OF MOTION TO
CHALLENGE GENETIC MARKER OR DNA
TESTING DIRECTIVE**

STATE OF NEW YORK)
 S.S.:
COUNTY OF)

_____ being duly sworn deposes and states:

1. That I was served with an order requiring me to submit to a Genetic Marker or DNA test on _____ at _____ by a Social Services official concerning the paternity of _____ a child born out of wedlock to _____ on _____ (A copy of said order is attached.)

2. That a petition to establish paternity (has) (has not) been filed concerning said child. (If filed, state Docket Number _____.)

3. That a Genetic Marker or DNA test should not be ordered in this case for the following reason(s) _____

Applicant

Print or type name

Sworn to before me this _____
day of _____.

(Deputy) Clerk of the Court
Notary Public